


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90086 009 \*\*\*150.00

<b>DOCUMENT # P04000036407</b> 1. Entity Name <b>GOT SHIRTS INC</b>					
Principal Place of Business <b>9260 W. COMMERCIAL BLVD. #137 SUNRISE, FL 33351</b>			Mailing Address <b>9260 W. COMMERCIAL BLVD. #137 SUNRISE, FL 33351</b>		
2. Principal Place of Business - No P.O. Box # <b>6412 N. University Dr.</b>			3. Mailing Address <b>SAME</b>		
Suite, Apt. #, etc. <b>Suite 117</b>			Suite, Apt. #, etc. <b>Suite 117</b>		
City & State <b>Tamarac, FL</b>			City & State <b>Tamarac, FL</b>		
Zip <b>33321</b>		Country <b>US</b>		Zip <b>33321</b>	
Country <b>US</b>		4. FEI Number <b>30-0234046</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HAMMER, DEBBY 9260 W. COMMERCIAL BLVD. #137 SUNRISE, FL 33351</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Debbi Hammer</u> DATE: <u>4/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>HAMMER, DEBBY 9260 W. COMMERCIAL BLVD. SUNRISE, FL 33351</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>HAMMER, ANDREW 9260 W. COMMERCIAL BLVD. SUNRISE, FL 33351</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Debbi Hammer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/28/07</u> <u>954-854-7020</u> <small>Date Daytime Phone #</small>			